COCKROACH SURVEY

For use of this form, see TB MED 561; the proponent agency is OTSG

1. BUILDING	2. ORGANIZATION	
3. DATE	4. TIME	5. PERSON CONTACTED

PART I - MISSION OF STRUCTURE

6. MISSION OF STRUCTURE	7. FOOD HANDLING FACILITY		8. QUARTERS	
	a. MEALS/DAY	b. DAYS OPEN/WEEK	a. SINGLE	b. MULTIPLE UNIT

PART II - SANITATION

9. SANITARY CONDITIONS *(check one)*				10. FOOD DEBRIS *(Yes (Y) or No (N))*			
a. VERY GOOD ☐	b. GOOD ☐	c. FAIR ☐	d. POOR ☐	a. HARD TO REACH AREAS	b. EASY TO REACH AREAS	c. FOOD LEFT EXPOSED AT NIGHT	d. OTHER

PART III - HARBORAGE

11. HARBORAGE CONDITIONS *(check one)*			12. SPACE AROUND PIPES SEALED	13. HOLES IN WALLS	14. SERVING LINE	15. EQUIPMENT
a. MINIMAL ☐	b. MODERATE ☐	c. AMPLE ☐	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

16. BAR	17. CRAWL SPACE	18. ATTIC	19. OTHER
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	

PART IV - COCKROACH SPECIES

20. KIND	21. OBSERVATION *(check one)*			
	a. LIVE INSECTS ☐	b. DEAD INSECTS ☐	c. EGG CAPSULES ☐	d. FECAL MATERIAL ☐

PART V - STICKY TRAP DATA

22. TRAP NUMBER	23. LOCATION	24. NUMBER			25. COMMENTS
		NIGHTS *a*	COCKROACHES *b*	COCKROACHES/NIGHT *c*	

26. COMMENTS